2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002369

FILED
03 FEB 24 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000056998

1. Entity Name

INSTITUTE OF JEWISH KNOWLEDGE & LEARNING, INC.

Principal Place of Business	Mailing Address
1749 E. HALLANDALE BEACH BLVD..STE.105 HALLANDALE FL 33009	1749 E. HALLANDALE BEACH BLVD..STE.105 HALLANDALE FL 33009

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-03

2. Principal Place of Business	3. Mailing Address
1835 E. Hallandale Beach Blvd	1835 E. Hallandale Beach Blvd.
Suite, Apt. #, etc.: # 234	Suite, Apt. #, etc.: #234
City & State: Hallandale FL	City & State: Hallandale, FL
Zip: 33009 Country:	Zip: 33009 Country:

4. FEI Number 65-0926061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LERNER, KIM 9721 SEA TURTLE DR. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kim Lerner 2/20/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LERNER, KIM 9721 SEA TURTLE DR. PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100013032791 02/24/03--01060--003 **297.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BER, ABRGHAM DR. 10211 N 72 ND ST. SCOTTSDALE AZ 85258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MANN, AKIVA D ~~130 GOLDEN ISLES DR. #D~~ ~~HALLANDALE FL 33009~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Mann, Akiva D. 7699 Cypress Crescent Boca Raton, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/03 954 4034503